

**Instructions:** Please complete this form and submit, including the licensing fee of **\$500.00**, to the Division of Finance, 301 West High Street, Room 630, P.O. Box 716, Jefferson City, MO 65102. **Fee applies to each location transacting business.** For questions, contact the Consumer Credit Licensing Section, 573-751-3463.

<b>MISSOURI DIVISION OF FINANCE</b>  <b>Renewal Application for</b>  <b>Premium Finance Company</b> <b>Certificate of Registration</b>	<b>OFFICE USE ONLY</b>	
	<b>PF</b> — — —	<b>Rec#</b> —
	Check No.	Amount: \$
	Date:	Initials:

**\*\*IF NOT RENEWING – Please check, provide appropriate information, and return to the above address.**

☐ Ceased lending activities   ☐ Closed location   ☐ Sold to: \_\_\_\_\_

**Information as listed on current license:**

**Company Name:**

**License Number:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Telephone:**

**Fax:**

**County (MO only):**

☐ Please check if above Licensed Location information is correct.

☐ Check if above Licensed Location information is changed or incorrect and enter correct information below:

**Company Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **County (MO only):** \_\_\_\_\_

<b>Hours of Operation:</b>	
<b>Contact Person for Licensing/Renewal Issues</b>	<b>Name/Title:</b>
	<b>Mailing Address:</b>
	<b>City/State/Zip:</b>
	<b>Telephone: (   )</b> <b>Email:</b>
<b>Person to Receive Examination Reports</b>	<b>Name/Title:</b>
	<b>Mailing Address:</b>
	<b>City/State/Zip:</b>
	<b>Telephone: (   )</b> <b>Email:</b>
<b>Contact Person for Consumer Inquiries/ Complaint Issues</b>	<b>Name/Title:</b>
	<b>Mailing Address:</b>
	<b>City/State/Zip:</b>
	<b>Telephone: (   )</b> <b>Email:</b>

